NCLB School Rewards Grant September 1, 2008 to August 31, 2009

Fact Sheet

- Technical Assistance: Contact Patricia A. Mitchell at 973-727-6063 or by email at Pat.mitchell@doe.state.nj.us.
- Project Number: Reward _ _ _ 09 (4 digit LEA code). The 3 digit school codes will also be used in the application.
- Allocation Notices: distributed via mail on March 2, 2009.
- Allocation Amount: \$100,000.
- Project Period: September 1, 2008 to August 31, 2009.
- Carry-over Period: September 1, 2009 to August 31, 2010
- The application consists of a cover page, assurances, school application and budget for each school. The template is posted on the NJDOE Title I website at http://www.nj.gov/education/title1/program/.
- Application Submission Due Date: April 6, 2009 by 4 pm. Submit application on EWEG and one electronic copy of the "School Rewards Grant" to Pat Mitchell. No applications will be accepted after the due date.
- Application Review: A checklist will be used for review of the application by the the NCLB School Improvement Unit (program and use of funds) and OGM (fiscal). A recommendation for approval will then be sent to the school and district.
- OGM creates payments to the LEAs Payments will be made to the LEA on behalf of the eligible school(s).
- Anticipated number of awards: 26.
- A Final Report and Data Collection are required at the end of the project period.

2008-2009 NCLB SCHOOL REWARDS GRANT TERMS AND CONDITIONS

The following criteria were used to determine this award*:

- 1. Previously identified as a school in need of improvement.
- 2. Participation in a CAPA visit and benchmark meetings.
- 3. Evidence of implementation of CAPA recommendations.
- 4. Made AYP for two consecutive years and exited improvement status.

ASSURANCES:

- **1.** Agree to participate in effective practice case study project—includes a school visit by a team of DOE staff to gather information on effective practices.
- **2.** Present the effective practices at NJDOE events.
- **3.** Agree to permit observation of the effective practice by other schools.
- **4.** Agree to act as a peer reviewer for a Title I school in need of improvement.

USE OF FUNDS

| PERMITTED | NOT PERMITTED |
|--|------------------------|
| Benefit classroom instruction | Construction |
| Improve the school culture | Facilities |
| Increase parental involvement | Furniture |
| Participate in leadership network | Out-of-state travel |
| Professional development for leaders and | |
| administrators | Some software programs |
| Professional development for teachers | |
| Increase inclusive classrooms | |
| Additional learning opportunities for students | |
| Up to ten percent of the funds may be used for | |
| computers and Smart Boards | |

^{*}Awards for this grant program cannot be provided to schools that are removed from status due to an AYP re-start.

| DISTRICT AND SCHOOL INFORMATION | | | | | | | | |
|---------------------------------|-------------------------|---------------|----------------|-------------------|-----------|--|--|--|
| District: | | | District Code: | (ADD DISTRICT COL | DE) 09 | | | |
| Chief School Adn | ninistrator: | | | | | | | |
| Chief School Adn | ninistrator's Email: | | | | | | | |
| Contact Person: | | | | | | | | |
| Office Address: | | | | | | | | |
| Phone Number F | or District Contact Per | son: | | | | | | |
| Fax Number For | Contact Person: | | | | | | | |
| E-Mail Address C | Of Contact Person: | | | | | | | |
| | | SCHOOL INFORM | MATION | | | | | |
| School Name: | | | School Code: | | | | | |
| School Type: | □ Elementary | ☐ Middle | ☐ Secondary | | | | | |
| Current Grade Le | evels: | | | | | | | |
| School Address: | | | | | | | | |
| School Phone Nu | ımber: | | Fax: | | | | | |
| Principal: | | | | | | | | |
| Principal's E-Mail | : | | | | | | | |

2008-2009 Program Plan

| | 1. Goals/objectives Describe your measurable goals or objectives? |
|--------------------|--|
| | What need does it address? |
| | |
| | 2. Indicators of success (Provide measurable results that describe success in reaching your goal.) |
| | |
| | |
| | 3. Staff Development to Support Goals and Objectives |
| ent. | Who: |
| Staff Development. | What: |
| | When: |
| Stal | Where: |

4. Effective Practices

From the list below, select and describe the practices that contributed to increasing student achievement at your school. Additional effective practices may be added if necessary.

| | Name of Effective Practice(s) | Description |
|---------------------|---|-------------|
| | Discussions among schools regarding curriculum standards and articulation across grade levels | |
| | Teachers collaborate to review student work | |
| Š | Varied and differentiated instructional strategies | |
| actice | Families and communities active partners, regular communication | |
| ive Pr | Students who are falling behind receive instructional assistance | |
| Effective Practices | Staff development aligned with student performance goals and PDPs | |
| | Evaluations and PDPs effectively used | |
| | Leadership team's planning process involving collecting, managing and analyzing data | |
| | | |
| | | |

5. Description of Proposed Program

Provide a description of the proposed program you intend to implement to accomplish/support your goal. Describe the programs and activities that will be implemented. Include background information about the program, the name of any professional development providers, workshops, participants, etc. The proposed program should be consistent with the goals, indicators of success, action plan and budget. For Title I Schoolwide schools, update the school's Title I Unified Plan and upload to EWEG.

6. Action Plan

Provide specific action steps the staff members take to accomplish the goal and implement the proposed program.

| Specific Actions | Persons Involved | Resources | Evidence of the Strategies | July | August | September | October | November | December | January | February | March | April | May | June |
|------------------|---------------------|-----------|-------------------------------|------|--------|-----------|---------|----------|----------|---------|----------|-------|-------|-----|------|
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STATEMENT OF ASSURANCES

As the duly authorized chief school administrator/chief executive officer of the applicant agency, I am aware that submission to the Department of Education of the accompanying application constitutes the creation of a public document, and I certify that the applicant:

- Has the legal authority to apply for the funds made available under the requirements of the grant, and has the institutional, managerial and financial capacity (including funds sufficient to pay the non-federal/state share of project costs) to ensure proper planning, management and completion of the project described in this application.
- Will give the New Jersey Department of Education, or its authorized representatives, access to, and the right to examine, all records, books, papers, or documents related to the award and will establish a proper accounting system in accordance with generally accepted accounting principles (GAAP).
- Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes, or presents the appearance of, personal or organizational conflict of interest, or personal gain.
- Will comply with provisions of the Public School Contracts Law: *N.J.S.A.* 18A:18A, and other relevant state laws and regulations.
- Is in compliance, for all grant awards in excess of \$100,000.00, with the Byrd Anti-Lobbying amendment, incorporated at Title 31 U.S.C. 1352. This certification extends to all lower tier grantees as well.
- As well as its principals and subgrantees, for all grant awards in excess of \$25,000.00, is not presently debarred, proposed for debarment, declared ineligible, suspended, or voluntarily excluded by any federal agency from receiving federal funds in accordance with Executive Orders 12549 and 12689.
- Will comply with Section 6002 of the Resource Conservation and Recovery Act (RCRA), P.L. 94-580, codified at 42 U.S.C. 6962 if the applicant is an entity of state and/or local government and will give preference to the purchase of recycled materials identified in U.S. EPA guidelines (40 CFR Part 247-254).
- Will comply with all federal and state statutes and regulations relating to nondiscrimination. These include, but are not limited to:
 - (A) Title VI of the Civil Rights Act of 1964 (P.L 88-352; 34 CFR Part 100) which prohibits discrimination on the basis of race, color or national origin;

- (B) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. 1681-1683, and 1685-1686; 34 CFR Part 106), which prohibits discrimination on the basis of sex;
- (C) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794; 34 CFR Part 104), which prohibits discrimination on the basis of handicaps;
- (D) Section 503 of the Rehabilitation Act of 1973, as amended (41 CFR Parts 61-741.5(a)), as applicable, which requires affirmative action in employment;
- (E) the Age Discrimination Act of 1975, as amended (42 U.S.C. 6101 *et seq.*; 45 CFR Part 90), which prohibits discrimination on the basis of age, and
- (F) the Americans With Disabilities Act of 1990, as amended (P.L. 101-336), which guarantees equal opportunity for individuals with disabilities.
- Will comply with Executive Order 11246, "Equal Employment Opportunity," dated September 24, 1965, as amended by Executive Order 11375, dated October 13, 1967, and as supplemented by the regulations at 41 CFR Part 60.
- Will comply with the provisions of the Drug-Free Workplace Act of 1988, as implemented at 34 CFR Part 85, Subpart F, for grantees, as defined at 34 CFR Part 85, Sections 85.605 and 85.610.
- Will comply with the provisions of the Drug Free Schools and Communities Act Amendments of 1989, as implemented at 34 CFR Part 86, Subparts A-E (institutions of higher education only).
- Agree to participate in effective practice case study project—includes a school visit by a team of DOE staff to gather information; present the effective practice; agree to permit observation of the effective practice by other schools.

| Name of School | Signature: Principal |
|----------------|---------------------------------------|
| Name of LEA | Signature: Chief School Administrator |
| Date | |

BUDGET DETAIL FORM A

Personal Services - Salaries Function & Object Codes 100-100 and 200-100

| Date: | | |
|-------|------|------|
| | | |

| SIA R | 09 | School Name: | |
|------------------------|--|--|-----------------------------|
| LEA: | | | |
| | | | |
| NOTES: Co | ppy this form. Complete all columns. Use m | nultiple lines for a single entry if necessary. | |
| | | | |
| FUNCTION & OBJECT CODE | POSITION/NAME | For full-time positions: total annual salary x percent of time to the grant projectotal For part-time positions: rate (\$) per hour x number of hours per week x number of weeks per year = total | t = GRANT REQUEST AMOUNT |
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BUDGET DETAIL FORM B

Personal Services – Employee Benefits Function & Object Code 200-200

School Name:

SIA R ____ -09

| Date: | |
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| LEA: | | | | | | | | | | | |
|---------------------|--|-----------------------|-------------|--------------|----------------|--------------|------------|--------|----------------|---------------------|--------------------------------------|
| NOTES: Copy this fo | orm. Comp | lete all colu | ımns. Use ı | multiple lin | es for a sing | gle entry if | necessary. | | | | |
| 1 7 | <u> </u> | | | <u> </u> | | | | T | | | |
| POSITION/NAME | GRANT REQUESTED SALARY AMOUNT | FICA <u>7.65</u> % | TPAF | PERS | WRKR'S COMP | UNEMPLY. | DISABIL. | HEALTH | OTHER SPECIFY: | TOTAL % OF BENEFITS | GRANT REQUEST AMOUNT (BENEFITS ONLY) |
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BUDGET DETAIL FORM C

Purchased Professional and Technical Services Function & Object Codes 100-300 and 200-300

| Date: | |
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| SIA R | 09 | School Name: | | | | | | | |
|--|---------------------|--------------|-------------------------------------|------------------|----------------------------|--|--|--|--|
| LEA: | | | | | | | | | |
| NOTES : Copy this form. Complete all columns. Use multiple lines for a single entry if necessary. | | | | | | | | | |
| FUNCTION & OBJECT CODE | DESCRIPTION/PURPOSE | | RATE: HOURLY, DAILY, FLAT FEE | TIME REQUIRED | GRANT REQUEST AMOUNT | | | | |
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BUDGET DETAIL FORM D

Supplies and Materials

Function & Object Codes 100-600 and 200-600

| Date: | |
|-------|--|
| | |

| SIA R | 09 | School Name: | | |
|------------------------|--|---------------------|--------------|------------------------------------|
| APPLICAN | T (LEAD) AGENCY: | | | |
| NOTES. Ca | any this form. Complete all columns. Use multiple lines for a single | antwy if nagagony | | |
| NOTES: CO | opy this form. Complete all columns. Use multiple lines for a single | entry if necessary. | | |
| FUNCTION & OBJECT CODE | ITEM DESCRIPTION | UNIT COST (UC) | QUANTITY (Q) | GRANT REQUEST AMOUNT (GR) |
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BUDGET DETAIL FORM E

Equipment
Function & Object Codes 400-731 and 400-732

| Date: | |
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| SIA R | 09 | School Name: | | |
|------------------------|---|-----------------------|-----------------|------------------------------------|
| APPLICAN | T (LEAD) AGENCY: | | | |
| NOTES: Co | py this form. Complete all columns. Use multiple lines for a single | e entry if necessary. | | |
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| FUNCTION & OBJECT CODE | ITEM DESCRIPTION | UNIT COST (UC) | QUANTITY (Q) | GRANT REQUEST AMOUNT (GR) |
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NCLB SCHOOL REWARDS GRANT

| CHOOL REWARDS GRANT | |
|--|-------|
| 2008 - 2009 | Date: |
| UDGET DETAIL FORM F | |
| ets Durchased Property Carriags Travel Indirect Costs Puildi | n a c |

Other Purchased Services, Other Objects, Purchased Property Services, Travel, Indirect Costs, Buildings Function & Object Codes 100-500, 100-800, 200-400, 200-500, 200-580, 200-800, 200-860, 400-720

| SIA R09 | | School Name: | | |
|--|--------------------------|--------------|-------------------------|--|
| APPLICAN | T (LEAD) AGENCY: | | | |
| NOTES : Copy this form. Complete all columns. Use multiple lines for a single entry if necessary. | | | | |
| FUNCTION & OBJECT CODE | DESCRIPTION/COST CALCULA | ATION | GRANT REQUEST AMOUNT | |
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NCLB SCHOOL REWARDS GRANT 2008 - 2009 SCHOOL BUDGET SUMMARY

| LEA: | Award00 | | |
|---|---------------------------|-----------------|-----------------|
| School Name: | School Coo | le: | |
| BUDGET CATEGORY | FUNCTION & OBJECT CODE | FEDERAL GRANT I | FUNDS REQUESTED |
| INSTRUCTION | | | |
| Personal Services - Salaries | 100-100 | | |
| Purchased Professional & Technical Services | 100-300 | | |
| Other Purchased Services | 100-500 | | |
| Supplies and Materials | 100-600 | | |
| Other Objects | 100-800 | | |
| SUBTOTAL | L - INSTRUCTION | | |
| SUPPORT SERVICES | | | |
| Personal Services - Salaries | 200-100 | | |
| Personal Services – Employee Benefits | 200-200 | | |
| Purchased Professional & Technical Services | 200-300 | | |
| Subgrant Cost Summary | 200-320 | | |
| Purchased Property Services | 200-400 | | |
| Other Purchased Services | 200-500 | | |
| Travel | 200-580 | | |
| Supplies and Materials | 200-600 | | |
| Other Objects | 200-800 | | |
| Indirect Costs | 200-860 | | |
| SUBTOTAL - SUI | PPORT SERVICES | | |
| Buildings | 400-720 | | |
| Instructional Equipment | 400-731 | | |
| Noninstructional Equipment | 400-732 | | |
| SUBTO | ΓAL - FACILITIES | | |
| | TOTAL COST | | |
| | | | |
| | | | |

Date

Business Administrator/Chief Fiscal Officer